California Department of Mental Health

Preliminary Indicator Development and Information Technology

Mental Health Services Act
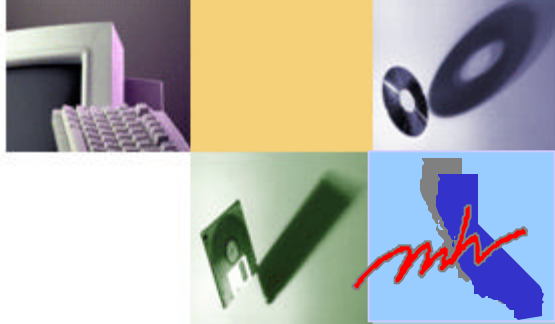
Conference Call

Tuesday June 7, 2005

3:00 PM – 4:00 PM

TOLL FREE CALL IN NUMBER: 1-877-366-0714

Verbal Passcode: MHSA

TTY# 1-800-735-2929

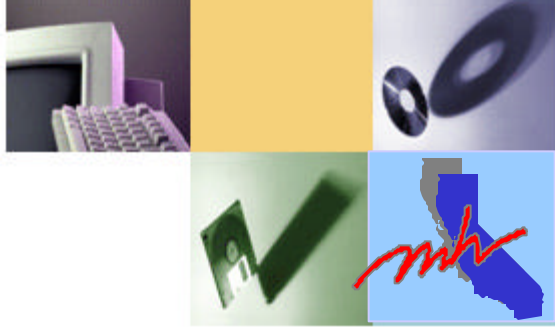# Preliminary Indicator Development and Information Technology - Agenda

3:00 Welcome and Purpose of Call – Bobbie Wunsch

3:02 Review Agenda and Conference Call Process – Bobbie Wunsch

3:05 IT Infrastructure – Vision, Preliminary Concepts, Early Strategies (Slides 3 & 11) – Gary Renslo, DMH

3:25 Questions and Answers – Bobbie Wunsch and DMH Staff

3:35 Measuring Specific Outcomes and Performance (Slides 12 & 17) – Stephanie Oprendek, DMH

3:45 Questions and Answers – Bobbie Wunsch and DMH Staff

3:58 Next Steps – Bobbie Wunsch

4:00 Adjourn

INFORMATION TECHNOLOGY INFRASTRUCTURE

FOR CALIFORNIA MENTAL HEALTH SYSTEM ACCOUNTABILITY

VISION

PRELIMINARY CONCEPTS

EARLY STRATEGIES

Integrating Data Project Silos and
Increasing Performance Measurement Capacity Through A
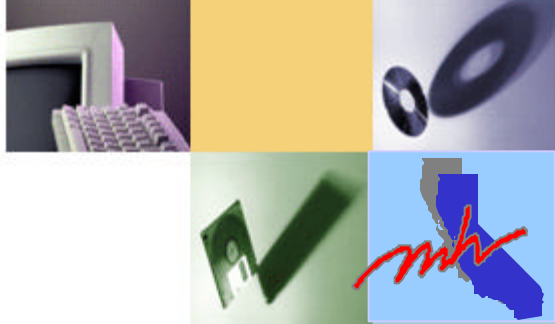*Comprehensive Electronic Mental Health Technology Enterprise*

Mental health information systems have been designed for multiple purposes:
- securing, accessing and distributing mental health information
- resource management
- accountability

But, much of current electronic information capture is isolated into projects - so information systems are:

compartmentalized
redundant
data are siloed

Through the MHSA, DMH and partnering counties are transforming the
conceptualization,
design, and
development of information systems.

We are working toward an over-arching, interoperable data capture system with the goal of
streamlining,
integrating, and
coordinating business processes, technology and information.
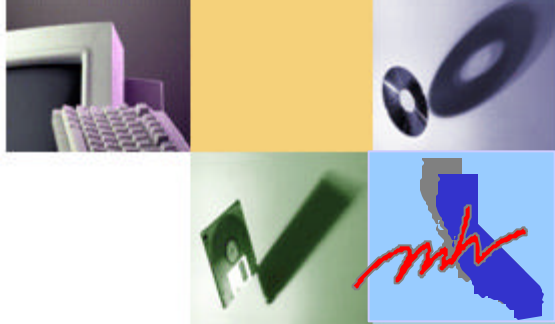
System vision

System Core: service and encounter systems (electronic mental health record)

Interoperable components: client/family member surveying, claiming & cost information, human resources information, community impact and special studies, key event tracking, etc.
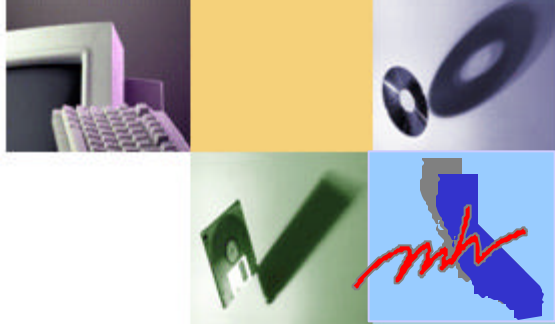
System vision
Ideal Characteristics:

Flexible
- Able to change data structures, requirements, information acquisition methods and tracking on an ongoing basis.
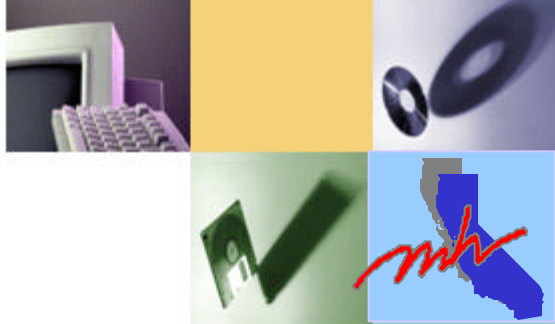
Extensible
- Scalable for both small providers and large county systems.
- Must be an "Open" system architecture allowing new features and functions to be added or plugged in at will.

Interoperable and Secure
- The system needs to operate and interface easily with other systems.
- Information must be protected for privacy at all times.

Responsive
- Information should flow into the system in an "as soon as gathered mode" rather than weekly, monthly, etc. intervals.
- Business requirement changes must flow into the system as needed.

<u>*System vision*</u>
Flexibility for meeting business goals:

XML (Extensible Markup Language) provides data flexibility
- XML is a self describing data structure that does <u>**not**</u> depend on format, length or order.
- XML data dictionary (called SCHEMA) can contain data relationships, business rules and translations.
- XML tools are available to assist in building and managing an XML based system.
- XML is a robust industry standard (.NET, E-Filing, etc.)
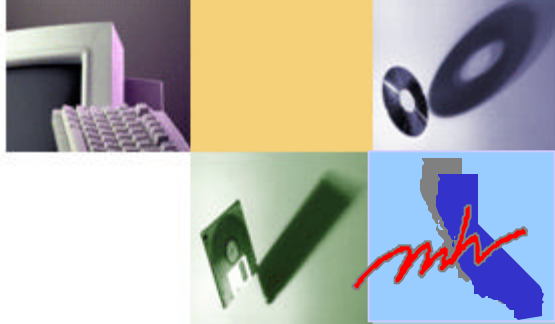
Centralized definitions and processes
- Automated tools are available to generate views and interfaces directly from published schema.
- Changes to the schema can automatically generate new views of the information to the end user.
- Changes to schema will not require changes to applications.
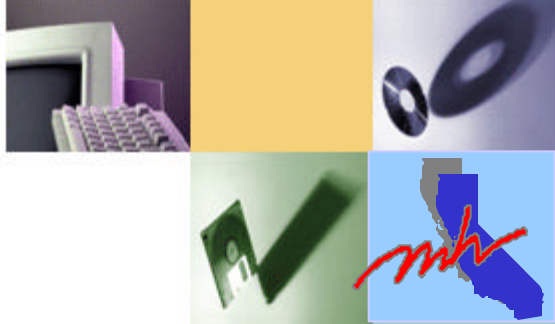
Phase 1 –
Short-Term Strategies for Data Submission

DMH will provide a web-based application for data capture

➢ Centralized, schema-based web pages to allow secure, online entry for all new information.

➢ Incorporate CSI, DIG and MHSA in system schema and applications.

➢ Submitted data will be available to counties.

Phase 2 – Submitting Data to DMH

DMH will extend the schema based application:

➢Enhancement of centralized, schema-based web pages to allow entry online for all new system information.

➢Printable forms from the web which can be scanned in to populate the web-based form.

➢County or Provider could build custom web-based forms using the provided XML schema.

DMH will build a schema based information portal:

➢XML information can be sent from county/provider via secure file transfer protocols.

➢Plug-ins could be developed for county/vendor systems to access county files and extract/send information.

➢A staging database could be created where county information would be stored for access and processing.
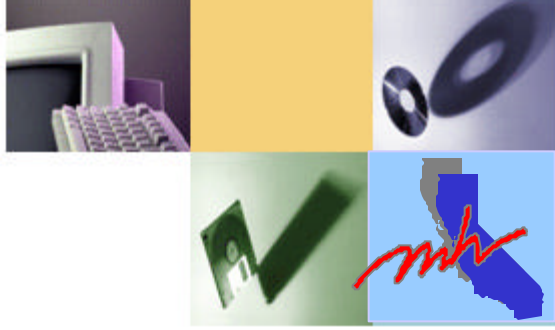
Phase 2 – Data Returned to Counties

MHSA information available via access portal:
- Build a web-based reporting and charting site.
- Provide downloads of selected county/provider information via XML files and reports.
- Automatically return incoming raw information directly into staging databases at the county level.
- Reports and analyzed information returned to county/vendor application for access and processing at the county.

<u>Mental Health Services Act</u> <u>Accountability</u>

Measuring Specific Outcomes and Performance

Conference Call (June 7, 2005) In Preparation

for the Performance Measurement

Stakeholder Workgroup Meeting

PERFORMANCE MEASUREMENT

PUBLIC / COMMUNITY- IMPACT LEVEL
(Evaluation of Global Impacts and Community-Focused Strategies)

Mental Health Promotion and Awareness

Mental Health System Structure / Capacity in Community

Community Reaction / Evaluation / Satisfaction with regard to mental health system

Large-Scale Community Indicators

MENTAL HEALTH SYSTEM ACCOUNTABILITY LEVEL
(Evaluation of Community Integrated Services and Supports – *Program/System-Based Measurement*)

Monitoring / Quality Assurance / Oversight *(multi-stakeholder process)*

Client / Family Satisfaction / Evaluation of Services and Supports

Staff / Provider Evaluation / Satisfaction with regard to mental health system

INDIVIDUAL CLIENT LEVEL
(Evaluation of Community Integrated Services and Supports – *Individual Client Tracking*)

Client and Services Tracking

Individual Client Outcomes Tracking

Focus of the stakeholder workgroup meeting:

1. Prioritizing outcomes and measurement areas

 2. Mapping desired client/community outcome   indicators and mental health system performance indicators to the three levels (last slide)

3. Describing potential methods of measurement

<u>Use of Feedback:</u>

The results of the workgroup will be used as recommendations to the Performance Measurement Committee and the Department of Mental Health.

Performance Measurement Committee nominations - Final date: June 30, 2005 **www.dmh.ca.gov/MHSA/default.asp** .

Outcome Areas:

§ *Meaningful use of time and capabilities, including things such as employment, vocational training, education, and social and community activities*

§ *Safe and adequate housing, including safe living environments with family for children and youth; reduction in homelessness*

§ *A network of supportive relationships*

§ *Timely access to needed help, including times of crisis*

§ *Reduction in incarceration in jails and juvenile halls*

§ *Reduction in involuntary services, reduction in institutionalization, and reduction in out of home placements.*

Feedback Forms:

❖**Prioritization and Mapping of Outcome and Performance Areas (Attachment 6)**

❖**Methods of Measurement (Attachment 7)**

Complete forms and fax to (916) 653-5500
Atttn: Stephanie Oprendek